

DISCLOSURE SUMMARY PAGE

JCT 30 2003

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative CommitteeIMPORTANT: Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1351</u>
Indexed	<u>✓</u>
Audited	
Computer	<u>WRS</u>

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19, 2002 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) Indicate one ☒

☒ CHECK IF AMENDMENT TO REPORT DATED 5/16/02

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A).....

Schedule F: Loans Received total (Attach Schedule F).....

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B).....

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES ☒ NO

\$

72y 19

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOV 13 2003
pm 11-12

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
	ID# CK# <i>N/A</i>	<i>Correction of addition error from Sch A pg 2 of 7</i>		\$ <i>10⁰⁰</i>	
<i>1/12/02</i>	ID# CK# <i>6064</i>	<i>John Riessen 316 Kimberly Dr WEST Burlington IA 52655</i>		<i>100⁰⁰</i>	
<i>2/4/02</i>	ID# CK# <i>6072</i>	<i>John V. Riessen 316 Kimberly Dr WEST Burlington IA 52655</i>		<i>100⁰⁰</i>	
<i>5/9/02</i>	ID# CK#	<i>Unitemized cash contribution</i>		<i>10⁰⁰</i>	
<i>5/9/02</i>	ID# CK# <i>5194</i>	<i>Nancy Schotte 2556 Surry Rd Burlington IA 52655</i>		<i>100⁰⁰</i>	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ *320⁰⁰*

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page *1* of *1*
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

AUG 22 2003

PM 8-21

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1351
Indexed	
Audited	9.24.03
Computer	WKS

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

IMPORTANT: Indicate type of committee you are reporting for:



- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

SIGNATURE OF TREASURER (of person filing this report)

TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one ☐

☒ CHECK IF AMENDMENT TO REPORT DATED MAY 19, 2002
Aug 18 2003

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES ☒ NO

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

MAY 21 2002

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1351
Indexed	2
Audited	8-4-03
Computer	WPS

COMMITTEE NAME (Must be same as on Statement of Organization)
RIESEN FOR REPRESENTATIVE COMMITTEE pm 5-17

IMPORTANT: Indicate type of committee you are reporting for: ☒ (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report) Mark L. Tamm

TELEPHONE 319-252-8407

DATE SIGNED 5-16-02

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date)

☐ CHECK IF AMENDMENT TO REPORT DATED See amended summary

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Indicate one ☒ Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) \$1B 5788.00?

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 3,209.44

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 60.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$1B 0 - \$ 608

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-25-02	ID# CK#	John Riessen 316 Kimberly Dr W Burlington IA 52605	self	\$ 100 ⁰⁰	
2-01-02	ID# CK#	"	self	100 ⁰⁰	
2-04-02	ID# CK#	Mary Wilk 3013 Terrace Drive Des Moines IA 50312		25 ⁰⁰	
2-04-02	ID# CK#	Bruce Hahn 9005 Boston Des Moines Ia		100 ⁰⁰	
3-22-02	ID# CK#	James Sutton 4324 Kingman Blvd Des Moines IA 50311		100 ⁰⁰	
4-09-02	ID# CK#	David England 2006 S. Ankeny Blvd Ankeny IA 50021		100 ⁰⁰	
4-09-02	ID# CK#	Vicki Martin 4016 120th Ave Burlington IA 52601		25 ⁰⁰	
4-24-02	ID# CK#	Linda Fischer 3616 Argyle Rd Keokuk IA 52632		25 ⁰⁰	
4-24-02	ID# CK#	John Riessen 316 Kimberly Dr W Burlington		100 ⁰⁰	
4-24	ID# CK#	Dan Clark 100 Clay Street Burlington IA 52601		100 ⁰⁰	
SUB-TOTAL				\$ 775	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-23-02	ID# CK#	John Riessen 316 Kimberly Dr W Burlington IA 52615		\$ 100 ⁰⁰	
2-2-02	ID# CK#	((100 ⁰⁰	
1-23-02	ID# CK#	Myron Halverson 106 N COURT ST OTTUMWA IA 52501		50 ⁰⁰	
1-23-02	ID# CK#	Jan Logan 1900 S. 16TH Burlington IA 52601		25 ⁰⁰	
1-23-02	ID# CK#	Sandra Glenn 1809 Tremont St cedar Falls IA 50613		25 ⁰⁰	
1-13-02	ID# CK#	Jeanette Kline 100 Aspen Circle Burlington IA 52601		100 ⁰⁰	
1-13-02	ID# CK#	Vicki Perry 101 19th street #802 SPIRIT LAKE IA 51360.		10 ⁰⁰	
1-13-02	ID# CK#	Duane Kline 100 Aspen circle Burlington IA 52601		100 ⁰⁰	
2-2-02	ID# CK#	Henny Bohlen 13852 Washington Rd West Burlington IA 52615		100 ⁰⁰	
2-2-02	ID# CK#	Suzanne Messer 1624 Morgan Keokuk IA 52632		50 ⁰⁰	
S/B 660.00 SUB-TOTAL				\$ 650	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/30/02	ID# CK#	Elizabeth Gardner 1011 Grand Ave Keokuk, IA 52632		\$ 50 ⁰⁰	
4/30/02	ID# CK#	R Gene Gardner 430 46th St. Place West Des Moines, IA 50265		50 ⁰⁰	
5/15/02	ID# CK#	Jim Richardson 405 Maple St Burlington, IA 52601		100 ⁰⁰	
5/15/02	ID# CK#	Gary Spencer 3120 Ave K Ft. Madison, IA 52627		50 ⁰⁰	
5/15/02	ID# CK#	Amy Camp 12128 Nepenthe W Burl, IA 52655		25 ⁰⁰	
5/15/02	ID# CK#	Mary Brockman 3344 213th St Ft Madison, IA 52627		25 ⁰⁰	
5/9/02	ID# CK#	M. S. Nabulsi 13 Ridgewood Ft Madison, IA 52627		100 ⁰⁰	
✓ 5/9/02	ID# 002537 CK# 2557	AFSCME / Iowa Council 61 4320 NW 2nd Ave Des Moines, IA 50313		500 ⁰⁰	
✓ 5/6/02	ID# 6086 CK# 12683	ISEA PAC 777 3rd St Des Moines, IA 50309		1500 ⁰⁰	
5/6/02	ID# CK#	Donna Courtney 2200 Summer Burlington, IA 52601		100 ⁰⁰	✓
SUB-TOTAL				\$ 2500 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-7-02	ID# CK#	Norman Fry 2234 South Main Burlington IA 52608		\$ 100 ⁰⁰	✓
5-7-02	ID# CK#	Jeanette Fry 2234 South Main Burlington IA 52601		100 ⁰⁰	✓
5-7-02	ID# CK#	William Payne 11443 Oak Point Dr West Burlington IA 52605		100 ⁰⁰	✓
5-7-02	ID# CK#	Helen Lewis 2818 Sergeant Rd Sioux City IA 51106		50 ⁰⁰	
5-2-02	ID# CK#	Duane Kline 100 Aspen Circle Burlington IA 52601		25 ⁰⁰	
5-2-02	ID# CK#	John Riessen 316 Kimberly Dr West Burlington IA 52605		100 ⁰⁰	
5-02-02	ID# 6060 CK# 2083	IFL CIO committee on Politeol 2000 Walker Suite Ed Des Moines IA 50317		200 ⁰⁰	
5-09-02	ID# CK#	Betty Barhorst 3918 Alexis Blvd Cedar Falls IA 50613		25 ⁰⁰	
5-9-02	ID# CK#	June Kleffmann 1504 Devitt Muscatine IA 52761		25 ⁰⁰	
5-9-02	ID# CK#	Woodrow Shearer Box 107 Columbus Junction IA 52738		10 ⁰⁰	
SUB-TOTAL				\$ 735 ⁰⁰	✓
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/6/02	ID# CK#	Kevin Johnson 332 Emmett Burlington, IA 52601		\$ 25 ⁰⁰	✓
5/6/02	ID# CK#	Therese M. Lees 508 West Aire Drive W. Burl., IA 52655		25 ⁰⁰	✓
5/6/02	ID# CK#	David Loeb sack 610 3rd Ave N Mt. Vernon, IA 52314		25 ⁰⁰	
5/6/02	ID# CK#	David Palmer 213 SW Flynn Dr. Ankeny, IA 50021		100 ⁰⁰	
5/6/02	ID# CK#	Leo Riney 315 Broadway W Burl, IA 52655		25 ⁰⁰	✓
5/6/02	ID# CK#	Joyce Ring 1316 N. 6 th Burlington, IA 52601		25 ⁰⁰	✓
5/6/02	ID# CK#	Gary Walters 401 Sumner Summer W Burl., IA 52655		50 ⁰⁰	✓
5/6/02	ID# CK#	Becky Rump 1862 345 th Ave Wever, IA 52658		100 ⁰⁰	✓
5/6/02	ID# CK#	Carol Copeland Box 341 Mediapolis, IA 52637		25 ⁰⁰	✓
5/6/02	ID# CK#	Donna Peebler PO Box 186 W Burl, IA 52655		25 ⁰⁰	✓
SUB-TOTAL				\$ 425 ⁰⁰	✓
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Presson for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-6-02	ID# CK#	Beverly Gerst 1133 21 Mill Dam Rd Burlington IA 52601		\$ 50.00	✓
5-6-02	ID# CK#	Virginia Barnhart 605 N 7th Burlington IA 52601		100.00	✓
5-6-02	ID# CK#	Kathryn Waterhouse 17572 Teal Rd Sperry IA 52650		10.00	✓
5-6-02	ID# CK#	Tom Little 123 Cent Mediapolis IA 52637		20.00	✓
5-7-02	ID# CK#	RJ McConnally 5282 Hwy 61 Burlington IA 52601		15.00	✓
5-7-02	ID# CK#	Mary Wright 180 Crestview Dr Burlington IA 52601		25.00	✓
5-7-02	ID# CK#	Myron Halverson 108 N Court Athens IA 52501		50.00	✓
5-7-02	ID# CK#	Larry Jackson 402 E Plank Rd Dakota IA 52623		50.00	✓
5-7-02	ID# CK#	Hans Truitt 215 Broadway West Burlington		100.00	✓
5-7-02	ID# CK#	William McIntosh 525 Broadway West Burlington IA 52601		25.00	✓
SUB-TOTAL				\$ 445.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-25-02	ID# CK# 3018 3814	London Hillyard Box 280 803 E Main Medford IA 52637		\$50.00	
5-3-02	ID# CK#	CASH CONTRIBUTION FUNDRAISER		198.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$248.00

TOTAL (if last page of this schedule)

\$13,578.00

\$5,778.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 7 of 7
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8-02	ID# CK# 1001	(1302 Broadway West Burlington 52655) Sherwood Company	Signs	\$ 608 ⁸³
1-8-02	ID# CK# 1002	US Postmaster West Burlington 52655	1 roll of stamps	34 <u>00</u>
1-10-02	ID# CK# 1003	Staples 104 W. Agency Rd West Burlington IA 52655	Envelopes Paper - printer cartridge	56 <u>60</u>
1-23-02	ID# CK# 1004	Postmaster West Burlington IA 52655	1 roll of stamps	34 <u>00</u>
1-24-02	ID# CK# 1005	Craftsman Press, Inc. 203 N. Third St Burlington IA 52601	Campaign Cards	267 <u>50</u>
1-29-02	ID# CK# 1006	New Era Printing 102 Meadow St Mediapolis IA 52637	Campaign Cards	250 ⁸⁵
2-04-02	ID# CK# 1007	Postmaster West Burlington 52655	2 rolls stamps	68 <u>00</u>
2-08-02	ID# CK# 1008	Iowa Ethics & Disclosure Bd 514 East Locust Suite 104 Des Moines IA 50309-1112	fine	50 <u>00</u>
SUB-TOTAL				\$ 1369.78
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOR REPRESENTATIVE COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-19-02	ID# CK# 1009	Craftsman Press, Inc. 203 N. Third Burlington IA 52601	Address Labels	\$ 69 ³⁹
3-22-02	ID# CK# 1010	Staples 104 W. Agency Rd West Burlington IA 52655	envelopes cardstock	30 ⁷²
3-27-02	ID# CK# 1011	Sherwood Company 1302 Broadway West Burlington IA 52655	Banner - Sign Manufacturing	154 ⁰⁸
4-12-02	ID# CK# 1012	Craftsman Press Inc 203 N. Third Burlington IA 52601	Letterhead Paper	96 ³⁰
4-19-02	ID# CK# 1013	Staples 104 W. Agency Rd W. Burlington, IA 52655	Poster Paper	96 ²
4-21-02	ID# CK# 1014	Staples 104 W Agency W. Burlington, IA 52655	Address Labels/envelopes/ Paper	19 ²⁰
4-24-02	ID# CK# 1015	The Hawk Eye 800 S. Main Burlington IA 52601	Advertising - fund raising event Ad	118 ⁰⁰
4-27-02	ID# CK# 1016	Postmaster West Burlington 52655	Campaign Mail Box 651 rental	27 ⁵⁰
SUB-TOTAL				\$ 524.81
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOR REPRESENTATIVE COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-27-02	ID# CK# 1017	Postmaster West Burlington IA 52655	Postage	\$ 110 ⁰⁰
4-27-02	ID# CK# 1018	Staples 104 W Agency Rd West Burlington IA 52655	Printing + Envelopes	12 ⁸²
5-5-02	ID# CK# 1019	Carter Printing 1739 E Grand Des Moines IA 50316	Invoice 71858 Spanish-language Campaign Cards	306 ⁸⁷
5-2-02	ID# CK# 1020	Postmaster West Burlington IA 52655	2 rolls stamps	68 ⁰⁰
5-2-02	ID# CK# 1021	Craftsman Press Inc 203 N. Third Burlington IA 52601	Yard Signs	357 ³⁸
5-02	ID# CK# 1022	Staples 104 W Agency Rd West Burlington IA 52655	Envelopes - printer cartridge	37 ⁴¹
5-05-02	ID# CK# 1023	Menards 922 W Agency Rd W. Burlington IA 52655	Road Sign Materials - paint + plywood	104 ⁷⁶
5-06-02	ID# CK# 1024	Staples 104 W Agency Rd West Burlington IA 52655	Printer Cartridge	58 ⁸⁵
SUB-TOTAL				\$ 1056 ⁰⁹
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
--------------------------------------	--------------------------

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

KIESSEN FOR REPRESENTATIVE COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-7-02	ID# CK# 1025	Craftman Press 203 N. Third Burlington IA 52601	yard sign supports	\$ 156 ²⁸
5-8-02	ID# CK# 1026	POSTMASTER WEST Burlington IA 52601	Postage stamps first class + postcard	89 ⁰⁰
5-9-02	ID# CK# 1027	Burlington Banner Signs 609 Jefferson St Burlington IA 52601	Road sign stencil	13 ⁴⁸
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 258.76

TOTAL (if last page of this schedule) \$ 3209.44

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOR REPRESENTATIVE EMT

SCHEDULE
E
(Rev. 06/97) IN KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
02-02-02	JEANETTE KLEIN 5111 100 ASPEN CIRCLE BURLINGAME, CA	FRIEND	CAMPAIN BUTTONS	\$ 60.00	

SUB-TOTAL \$ 60.00

TOTAL (if last
page of this
schedule) \$ 60.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOR REPRESENTATIVE COMMITTEE

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1-8-02	SLIDS VINYL + PAPER	608 ⁸³	608 ⁸³

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$ 608 ⁸³** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$ 0TOTALS \$ \$

* If estimated, show est. beside figure.

5/8 - 0

(Attach Additional Schedules If Needed)

Page 1 of 1 Pages
(For Schedule H)